

**STATE OF ALABAMA**  
**ALABAMA ETHICS COMMISSION**  
**LOBBYIST REGISTRATION STATEMENT**

Street Address:

100 North Union Street, Suite 104  
Montgomery, AL 36104

Mailing Address:

P. O. Box 302300  
Montgomery, AL 36130-2300

Calendar Year

Form Recorded ☐

Fee Recorded ☐

(For Office Use Only)

**PLEASE COMPLETE ALL INFORMATION IN ALL THE AREAS ON THIS FORM. IF YOU NEED ADDITIONAL FORMS, THIS FORM MAY BE PHOTOCOPIED. HOWEVER, ALL FORMS MUST BEAR ORIGINAL SIGNATURES. PLEASE TYPE OR LEGIBLY PRINT ALL INFORMATION.**

(Name) Last

First

Middle

Business Address:

Street

City

State

Zip

Normal Business (if different from above)

Normal Business Address:

Street

City

State

Zip

Business Phone (     )

Normal Business Phone (     )

List categories of subject matters on which you intend to communicate directly with members of any legislative body to influence legislation or legislative action (example: education, medical, etc.).

List Business Entities, Associations or Organizations you represent (attach list if necessary)

If your activity is done on behalf of a group other than a corporation, the number of persons in that group is as follows:

(Check one) 1-5 6-10 11-25 over 25 corporation public entity

This form is continuous in nature, for the reporting calendar year. You are required to supplement this form by indicating any change or changes within ten days of the change. A \$100 registration fee MUST be enclosed with this form *except for public employees who are lobbyists*. You WILL NOT be considered registered until this form and the \$100 registration fee are received by the Ethics Commission.

I certify that the above information is true and correct to the best of my knowledge.

Date

Signature of Lobbyist

Type or Legibly Print Name as it appears on the signature line.

(Rev. 2001)

**STATE OF ALABAMA  
ALABAMA ETHICS COMMISSION  
PRINCIPAL'S STATEMENT  
for  
LOBBYIST REGISTRATION**

**Note to Lobbyist:** If you lobby on behalf of more than one principal or association, please attach additional principal statements as needed. (This sheet may be photocopied for additional principals or multiple principal signatures and they may be attached to the front sheet. *However, all forms must bear original signatures.*)

I hereby certify that I am the Principal named on this Lobbyist Registration Statement. I further certify that I have read the Form and know its contents; that acting for the Business Entity, Association or Organization, the named Lobbyist has been authorized to lobby on our behalf and that no compensation will be paid to the named Lobbyist contingent upon the passage or defeat of any legislation.

Lobbyist acting on our behalf

List category of lobbying activities (example: education, medical, etc.):

I further certify that the above information is true and correct to the best of my knowledge.

Name of Business Entity, Association, or Organization

Date

Signature of Principal (*Original Signature is necessary*)

Type or Legibly Print Name (as it appears on the signature line)

Address of Principal/Business Entity, Association or Organization

(     )  
Telephone Number of Principal